

L17000025377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800291538168

02/02/17--01021--017 **125.00

EFFECTIVE DATE 01/30/17

 02/03/17

TRANSMITTAL LETTER

January 26, 2017

Registration Section
Division of Corporations
Post Office Box 6800
Tallahassee, FL 32314

SUBJECT: TAP-N-IT, LLC

The enclosed original and copy of the Articles of Organization and fee(s) - \$125.00 for Filing Fees (Check No. 033934487) are submitted for filing. Please return all correspondence concerning this matter to the following:

NIKOLAI SHALALA
995 Tennessee Street
Titusville, FL 32780

Thank you for your immediate attention to this request.

Very truly yours,

NIKOLAI SHALALA

17 FEB -2 04 09 PM
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORGANIZATION

ARTICLE I

The Name of the Limited Liability Company is:

TAP-N-IT, LLC

ARTICLE II

The Street Address of the Principal Office of the Limited Liability Company is:

995 Tennessee Street, Titusville, FL 32780

Mailing Address: same as above.

ARTICLE III

The purpose for which this Limited Liability Company is organized is:

Doing any and all lawful business associated with inspections/trouble shooting and service technician for Beer and Wine Establishments.

ARTICLE IV

The name and Florida Street Address of the Manager and Member is:

NIKOLAI SHALALA, Manager
995 Tennessee Street
Titusville, FL 32780

GABRIEL SHALALA, Member
995 Tennessee Street
Titusville, FL 32780

The name of the Registered Agent is:

NIKOLAI SHALALA

NIKOLAI SHALALA, having been named as Registered Agent and accepting service of process for the above stated Limited Liability Company at the place designated in this Certificate, I

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NIKOLAI SHALALA, Manager
995 Tennessee Street
Titusville, FL 32780

GABRIEL SHALALA, Member
995 Tennessee Street
Titusville, FL 32780

The name of the Registered Agent is:

NIKOLAI SHALALA

NIKOLAI SHALALA, having been named as Registered Agent and accepting service of process for the above stated Limited Liability Company at the place designated in this Certificate, I

hereby accept this appointment as Registered Agent and agree to act in this capacity. I further agree to comply with all the provisions of Statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature:



NIKOLAI SHALALA

ARTICLE V

The Name and Address of managing member/manager(s) is:

TITLE: Managing Member - GABRIEL SHALALA
995 Tennessee Street
Titusville, FL 32780

ARTICLE VI

The effective date for this Limited Liability Company shall be: January 30, 2016

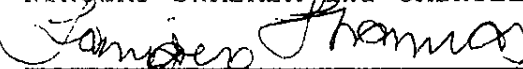
Signature of Member or authorized Representative Member:



GABRIEL SHALALA, Mgr.
I.D.-FL DR Lic

STATE OF FLORIDA :
COUNTY OF BREVARD:

SWORN TO BEFORE ME ON THIS 25th
DAY OF January, 2017 by:
NIKOLAI SHALALA and GABRIEL SHALALA



Notary Public
State of Florida at Large

